

IN CASE OF TWINS OR TRIPLETS, WITH UNLAWFUL INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Form 10 of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of *Abbeville*
Township of *Smithers*
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
5635

Registration District No. *110*..... Registered No. *4*.....
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Stawley Humer Lovelace* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <i>Feb 20 1923</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Stawley Lovelace*

(9) PRESENT POSTOFFICE OF FATHER *Abbeville S.C.*

(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *34* (Years)

(12) BIRTHPLACE *Negro*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth {

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER *Abbeville S.C.*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *28* (Years)

(18) BIRTHPLACE *Negro*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.....at.....M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Rena Goph*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Sumnerwood S.C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by parent)
(27) Filed *MAR 31 1923* (28) *R. J. Jones* Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.